

**AFFIDAVIT FOR CHANGE
OF LIMITED LIABILITY
COMPANY (LCC) MEMBER**

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/

LIMITED LIABILITY COMPANY INFORMATION

Limited Liability Company Name

Limited Liability Company Liquor License Number

Limited Liability Company Address

City

State

Zip Code

Limited Liability Company Contact Name

Contact Telephone Number

LIMITED LIABILITY COMPANY MEMBERS *after completion of this LLC change, members will be as follows:*

MEMBER	Name: (Last, First, Middle)	Date of Birth	Social Security Number
	Home Address: (Street)	City, State, Zip Code	
	Telephone Number	Percentage of membership	
	Name of Spouse: (Last, First, Middle)	Date of Birth	Social Security Number

MEMBER	Name: (Last, First, Middle)	Date of Birth	Social Security Number
	Home Address: (Street)	City, State, Zip Code	
	Telephone Number	Percentage of membership	
	Name of Spouse: (Last, First, Middle)	Date of Birth	Social Security Number

MEMBER	Name: (Last, First, Middle)	Date of Birth	Social Security Number
	Home Address: (Street)	City, State, Zip Code	
	Telephone Number	Percentage of membership	
	Name of Spouse: (Last, First, Middle)	Date of Birth	Social Security Number

MEMBER	Name: (Last, First, Middle)	Date of Birth	Social Security Number
	Home Address: (Street)	City, State, Zip Code	
	Telephone Number	Percentage of membership	
	Name of Spouse: (Last, First, Middle)	Date of Birth	Social Security Number

MEMBER	Name: (Last, First, Middle)	Date of Birth	Social Security Number
	Home Address: (Street)	City, State, Zip Code	
	Telephone Number	Percentage of membership	
	Name of Spouse: (Last, First, Middle)	Date of Birth	Social Security Number

The following needs to be complete by new member(s):

1. Have you or your spouse ever been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also, list any pending charges at the time of this application.

___YES ___NO

If yes, complete the following:

Name: (Last, First Middle)	Conviction Date (mm/yyyy)	Charge	Where convicted (city,state)	Disposition

If over 25% membership interest fingerprint cards are required from new member(s) and spouse(s). If the spouse(s) have no involvement in the day to day operation of the business they may file an affidavit of non-participation in lieu of fingerprint cards. Fingerprint cards are available at the Liquor Control Commission office upon request.

Certification by Limited Liability Company Contact

Under penalty of perjury, I hereby certify that each member is the real party in interest with respect to his/her position and is not acting directly or indirectly as agent, employee or representative of any other person not reported. The undersigned certifies on behalf of the LLC that it is understood that a misrepresentation of fact is cause for rejection of this application or suspension, cancellation or revocation of any license issued.

Print Name Title

Signature Date